

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027756

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

981

Primary Registration District No.

3039

Registrar's No.

156

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

JEFFERSON TWP.

Length of stay in 1b

3 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

2 MI. SE OF LACLEDE

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

LEES SUMMIT

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS
(If outside, give location)

ROUTE 2

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

HERBERT

First

C.

JACKSON

Middle

Last

4. DATE OF DEATH

Month

JULY

Day

28

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-10-1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PHARMACIST

10b. KIND OF BUSINESS OR INDUSTRY

RETAIL DRUG

11. BIRTHPLACE (City and state or country)

PANORA, IOWA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALEXANDER JACKSON

13b. MOTHER'S MAIDEN NAME

LELA WALTERS

14. NAME OF HUSBAND OR WIFE

GRACE JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. GRACE JACKSON, LEES SUMMIT, Mo.

Address

ROUTE 2

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of left lung

INTERVAL BETWEEN ONSET AND DEATH
18 Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 10 /62 to July 28/62 and last saw her alive on July 14/62
Death occurred at July 28/62 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. B. Simpson MD

(Degree or title)

22b. ADDRESS

213 Linn, Brookfield, Mo.

22c. DATE SIGNED

July 30

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 31, 1962

23c. NAME OF CEMETERY OR CREMATORY

LACLEDE CEMETERY

23d. LOCATION (City, town, or county)

LACLEDE, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WRIGHT

LACLEDE, Mo.

25. DATE RECD. BY LOCAL REG.

7-30-62

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4655

P. O. Address Wadsworth, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.